

Foster Family Home - Corrective Action Report

Provider ID: 1-160074

Home Name: Analyn Kagimoto, CNA

Review ID: 1-160074-4

3737 Waiialae Avenue

Reviewer: David Ayling

Honolulu HI 96816

Begin Date: 8/19/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 8/19/19.

Corrective Action Report issued during home inspection with all items due to CTA by 9/9/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8) - Blood Borne Pathogen certification expired on 2/1/19 for CG #1. Renewed on 4/15/19.

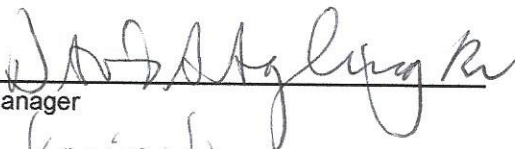
41.(f)(1) - No current TB clearance for HHM #1. Expired on 7/25/19.

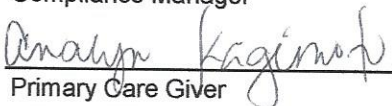
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - 3 medications not listed on the MAR for client #2 by CMA #2.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Analyn's Foster Home**
CCFFH Address: **3737 Waiialae Ave Hon HI 96816**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
4.1(b) (8)	I showed CTA a current Bloodborne Pathogens Certificate on the day of my recertification	8/19/19	I wrote the expiration date for Bloodborne Pathogens and TB clearance for all CG's and HHM's on my iPhone calendar and set the reminder for a month prior to expiration.
41.(b) (1)	I found the current TB clearance for HHM #1 and placed it in my CCFFH binder	8/19/19	
54.(c) (5)	I received an updated MAR for client #2 from CMA#2 and placed it in client's chart	8/19/19	

Primary Caregiver's Signature: *Analyn Kagimoto*

Print Name: **ANALYN KAGIMOTO**

Date of Signature: **8/19/19**